

WRITING PLAINLY WITH INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 124a
 Registered No. 98

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 1107 Sullivan St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Espiranza Avalos
{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate? <u>yes</u>	6. Date of birth <u>Feb. 7 - 1929</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
 Full name Miguel Avalos
 9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.
 10. Color or race Mex.
 11. Age at last birthday 27 (Years)

12. Birthplace (city or place) Guadalupe, Mex.
 (State or country)
 13. Occupation
 Nature of Industry Miner
 20. Number of children of this mother 3
(Taken as of time of birth of child herein certified and including this child.)

14. MOTHER
 Full maiden name Josepha Gutierrez
 15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.
 16. Color or race Mex.
 17. Age at last birthday 21 (Years)

18. Birthplace (city or place) El Paso, Texas
 (State or country)
 19. Occupation
 Nature of Industry Housewife
 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10⁵⁵ P. m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
 Signature Cyril M. Brown M.D.
Physician
(Physician or midwife).

Given name added from a supplemental report _____
 Address Miami, Arizona
 Filed Feb 12, 1929
 Registrar D. C. Davis

512-207-179